## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/568170 APPLICANT(S)

FILING DATE

## **CLAIMS**

	AS FILED		AFTER 1 AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL CLAIMS		<b>.</b>		. 1 39 est		78. A.1 Holds	

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